



ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
SOLID WASTE SECTION - PROGRAM DEVELOPMENT & RECYCLING UNIT
3033 North Central Phoenix, Arizona 85012

SPECIAL WASTE MANIFEST

044119

GENERATOR	1. Generator's AZ ID No. EXEMPT		2. Emergency Response Notification Phone Number (800) 535-5053			
	3. Generator's Name and Mailing Address BOEING REALTY CORP. 4060 LAKEWOOD BLVD. LONG BEACH, CA. 90808 Generator's Phone Number and Area Code (310) 627-3014		SITE: 1414 DENKER ST. TORRANCE, CA.			
	4. Transporter 1 Company Name and Mailing Address BCL SWS 766 S. AYON AZUSA CA 91702		Transporter's AZ ID No. 300,745			
	5. Transporter 2 Company Name and Mailing Address		Transporter's Phone No. (800) 221-4232			
	6. Primary Receiving Facility Name and Address (physical site location, if different) COPPER MOUNTAIN LANDFILL AVENUE 35E, COUNTY 12TH ST. YUMA, AZ. 85356		Transporter's AZ ID No.			
	7. Alternate Receiving Facility Name and Address (physical site location, if different)		Transporter's Phone No.			
	8. U.S. DOT description, (if applicable)(Non-DOT regulated materials enter shipping name, physical state and description of all contents of waste).		Facility's AZ ID No. 301428	Facility's Phone No. (520) 782-6355		
			Facility's AZ ID No.	Facility's Phone No.		
			Mark "X" if Haz. Mat.	Containers No.	Total Quantity	Unit Wt/Vol
	NON RCRA HAZARDOUS WASTE SOLID (SOIL CONTAMINATED WITH METALS)			1	18	CY
9. Additional information on transportation, treatment, storage, or disposal WEAR PROPER PROTECTIVE EQUIPMENT. PROFILE # 12660						
10. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and governmental regulations.						
Printed/Typed Name S.M. Stavale		Signature S.M. Stavale		MO DAY YR 10 8 97		
TRANSPORTER	11. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed/Typed Name C.C. Teschendorf		Signature		MO DAY YR 10 10 97	
	12. Transporter 2 Acknowledgement of Receipt of Materials					
FACILITY	13. Discrepancy Indication Space AZ NON HAZ					
	14. Facility Owner or Operator: Certification of receipt of special waste materials covered by this manifest except as noted in above item.					
	Printed/Typed Name SHARON ROBERSON		Signature Sharon Roberson		MO DAY YR 10 10 97	